

New Patient Medical History, Medications, and Allergies

| Patient N | ame: | | DOB: | | Da | te: |
|---|--|---|--|-------------------------|--------------------|---|
| | | | | | | |
| Patient Medical H | istory (Check A | | y) □ Gout | I Liver Di | 99999 | □ Skin Disorder |
| | | | | ☐ Liver Disease | | ☐ Skill Disorder |
| □ Allergies | | T TT | ☐ Heart Disease | ☐ Lung Disease☐ Measles | | |
| □ Anemia | □ Diabetes - I or II | | ☐ Heart Problems | | | ☐ Thyroid Disorde |
| □ Anxiety | □ Depression | | ☐ Hepatitis - A/B/C | □ Migrain | | □ Tuberculosis |
| □ Arthritis | □ Eating Disorder | | ☐ Hypertension | □ Osteoporosis | | □ Other: |
| □ Asthma | □ Epilepsy | | □ High Cholesterol | □ Pneumonia | | |
| □ AIDS/HIV | | | □ Kidney Disease | □ Stroke | | |
| | | | criptions, over-the-counter dru | ıgs, and supplem | ents. | |
| Medication Name | | | Dose | | Frequency | |
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| If more space is needed | l for medications, w | rite on back of | page. | | | |
| | | rite on back of | | | | Hospitalizations |
| If more space is needed Allergies/ | | rite on back of | page. Surgeries/Dates | | | Hospitalizations |
| _ | | rite on back of | | | | Hospitalizations |
| _ | | rite on back of | | | | Hospitalizations |
| _ | | rite on back of | | | | Hospitalizations |
| _ | | rite on back of | | | | Hospitalizations |
| Allergies/ | Reaction | | | | | Hospitalizations |
| Allergies/ | Reaction pecify Maternal | /Paternal) | Surgeries/Dates | | | |
| Family History (Sp Diabetes | Reaction pecify Maternal YesNoW | /Paternal) Who: | Surgeries/Dates Mental H | | No | Who: |
| Family History (Sp. Diabetes Hypertension | pecify Maternal YesNoW YesNoV | /Paternal) Who: | Surgeries/Dates Mental H Cancer | Yes_ | No | Who: |
| Family History (Sp. Diabetes Hypertension Heart Disease | pecify Maternal YesNoV YesNoV YesNoV | /Paternal) Who: Who: | Surgeries/Dates Mental H | | | Who: |
| Family History (Sp. Diabetes Hypertension Heart Disease | pecify Maternal YesNoV YesNoV YesNoV | /Paternal) Who: | Mental H Cancer Other | Yes_ Yes_ | No_ No_ | Who: Who: Who: |
| Family History (S) Diabetes Hypertension Heart Disease Stroke | pecify Maternal Yes No V Yes No V Yes No V | /Paternal) Who: Who: Who: | Mental H Cancer Other | Yes_ Yes_ | No_ No_ | Who: |
| Family History (Sp. Diabetes Hypertension Heart Disease Stroke Do you/Have you: | Pecify Maternal Yes No V | /Paternal) Who: Who: Who: Who: Uho: Who: Uho: Who: Uho: Uho: Uho: Uho: Uho: Uho: Uho: U | Mental H Cancer Other | Yes_ Yes_ | No_ No_ Weig | Who: Who: Who: |
| Family History (S) Diabetes Hypertension Heart Disease Stroke Do you/Have you: Smoke: Yes No C | Pecify Maternal Yes No W Yes No V Yes No V Yes No V Circle one, exp | /Paternal) Who: Who: Who: Who: Olain if yes) Cigars Chev | Mental H Cancer Other Height: _ wing Tobacco Recreationa | YesYes | NoNoNo | Who: Who: Who: |
| Family History (Sp. Diabetes Mypertension Heart Disease Stroke Do you/Have you: Smoke: Yes No (Orink Caffeine: Yes) | Pecify Maternal Yes No W Yes No V Yes No V Yes No V Yes No V Circle one, exp Cigarettes Vape Yes No Amount | /Paternal) Who: Who: Who: Who: Olain if yes) Cigars Chew (Kind: | Mental H Cancer Other Height: _ wing Tobacco Recreationa Occupation | Yes_Yes_ | NoNoNo | Who:Who:Who:tt:often: |
| Family History (Sp. Diabetes Hypertension Heart Disease Stroke Do you/Have you: Smoke: Yes No (Drink Caffeine: Yes Drink Alcohol: Yes | Pecify Maternal YesNoV YesNoV YesNoV (Circle one, exp Cigarettes Vape Yes No Amount/ Ses No Rarely Se | /Paternal) Who: Who: Who: Who: Olain if yes) Cigars Chev (Kind: Occially Occa | Mental H Cancer Other Height: _ wing Tobacco Recreationa | Yes | NoNoNo | Who:Who:Who:Who:t:often:e All That Apply) |

Date

Patient Signature/ Parent or Legal Guardian